

SAN DIEGO COUNTY JUVENILE JUSTICE COMMISSION
JUVENILE RANCH FACILITY
INSPECTION REPORT
2009

Facility Name: Juvenile Ranch Facility
Superintendent: Supt. Craig Stover
Address: 57 Forrest Gate Rd.
Campo, CA 91906

Inspection Date: 11/19/2009
Last Inspection Date: 1/9/2008
Telephone: 619-401-3500
Fax: 619-401-3512

Type of Facility: Juvenile Camp

Presiding Juvenile Court Judge:
Hon. Susan Huguenor

Staff Interviewed:
Superintendent
Principal
Special Education Coordinator
Food Service Director
RN supervisor
Staff Psychologist
Two Minors

Total Bed Capacity: 250
Population on Inspection date: 133

Commission Inspection Team:
Kathleen Edwards
Henry Mann

Juvenile Justice Commission Chair:
Jessica St. Clair

Recommendations

The inspection team recommends that the following recommendations from 2008 remain priorities:

1. Remote location of facility continues to be a barrier to family involvement. In response to this recommendation from last year, Chief Probation Officer Mack Jenkins stated that "public busses operate regularly along Highway 94."
2. Continuing care or case management of wards with significant mental health problems has been partially addressed by funding from Prop 63 monies. To date, the program has not seen a significant impact on recidivism. The number of community contact hours and quality of these contacts needs to be tracked. Additional resources need to be added to this service.
3. Referrals to County Mental Health (AB2726) services or Regional Center Services during period of incarceration still need to occur.

The inspection team recommends the following for 2009:

4. That wards with identified mental health or developmental disabilities need to be referred to County Mental Health (AB2726) or Regional Center while they are incarcerated to provide some appropriate level of care upon release.
5. Screening requests for medical care by non M.D. medical staff are still occurring. Only M.D. staff should be making these decisions about the need for immediate medical care.
6. Transition to community needs to be strengthened. At times, a ward is to attend Reflections or another Probation program. However, if there is no room in this program, transition to another program or a regular school program needs to happen. Transportation to these programs is a barrier at times. Additional staffing resources need to be added to the outreach program funded through Prop 63 to assure stability of mentally ill minors who are back in the community.
7. The number of attempted escapes seems excessive. The fact that the acreage surrounding JRF is not fenced needs to be considered when examining this date. A study of when and where the

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attempted escapes are occurring may allow staff to change their approach to supervision to help deter the attempted escape.

Since the last Inspection

Number of Suicides: 0

Number of Attempted Suicides: 2

Number of Deaths from other causes: 0

Number of Escapes: 17

Number of Attempted Escapes: 10

Local Inspections:

Title 15 Health: March 25, 2009

Fire Inspection: March 11, 2009

Date of Last Fire Drill: December 2009

Training, Personnel, and Management:

Child supervision, training and staffing levels: Staff and Superintendent indicated that they had adequate training to fulfill their job responsibilities. They reported they are not involved in restraints and that staff has not restrained a ward. Every two years Probation conducts CPR training for all staff.

Policy and Procedure Manual: Staff indicated that they have reviewed the Policy and Procedures Manual and that they understand it and can easily accessed it.

Juvenile Facility Capacity and Crowding

JRF has no problem with overcrowding.

Classification and Segregation

Classification: Staff understands and uses classification criteria for the benefit of the minor.

Orientation: Minors are oriented upon admission to JRF. A minor who is hearing impaired, illiterate, or non-English speaking has access to a deaf interpreter, reader, or translator as needed. All of these services are available through the County. Rules are posted in living areas, schools, and dining areas. Wards interviewed seemed to understand the rules.

Segregation: Segregation is used to prevent bullying, aggression, or conflict between rival gangs. It is not used as punishment.

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Assessment and Plan: A plan is devised upon entry to JRF. These plans are often initiated at the Kearny Mesa Juvenile Detention Facility (KMJDF) and are reviewed and monitored at JRF to include needed components of education, special education, family reunification, substance abuse or anger management. Although transition and aftercare are built into these plans, it is critical that follow-up occur upon a ward's release to assure compliance. This community follow-up is especially critical for minors with mental health needs.

Counseling and Casework Services: Wards are able to access counselors using the sick call slip method or by letting officers know they need to speak to a counselor. JRF is fortunate to have a full-time Ph.D. on staff. All problem-solving programs are mandatory. Staff would like to see an increase in community re-entry emphasis in programming.

Use of Force: There is very little hands-on with wards at JRF. There is use of OC spray. A plan was developed to deal with information garnered from this SIR (Special Incident Report) data.

Use of Physical Restraint: All incidents of physical restraint are documented. The use of physical restraint is even with last year. Wards with mental health or emotional problems present some special problems in detention.

Safety Room Procedures: While there is no "safety room," minors who present as a danger to self are observed constantly before being transferred to East Mesa Juvenile Detention Facility (EMJDF).

Searches: Searches are conducted "for cause" and a minor's person or belongings are returned to pre-search condition. Search procedures are covered in orientation.

Grievance Procedure: In a discussion with one ward, it was reported that he made a grievance report, but felt it was futile since no grievance was ever found in favor of a minor. The findings were reported fairly quickly back to the ward -- within two days. Forms are available in all communal living areas. Most common grievances were about too small food portions.

Reporting of Incidents

A fight among minors is not reported unless there was serious injury. Criteria for reporting incidents were mainly death, attempted suicide and AWOL. Reports are filed immediately and reviewed by a Supervisor.

Programs and Activities

School Program: Education Services are provided by the County Office of Education. There is no overcrowding to contend with at JRF, so the school program is not impacted. Wards attend school each day for 300 minutes each school day. All wards are enrolled within three days of admission, usually within one day. A preliminary education plan is developed for each minor within five school days. Transcripts and school records are obtained from EMJDF or KMJDF. As of this inspection date, 32 of the 133 wards had active Individual Education Plans as a result of being found eligible for special education services. Most of the IEP adjustments have been made at EMJDF or KMJDF prior to admission to JRF.

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Classrooms were observed with students actively involved in learning. Classrooms were somewhat disheveled, perhaps due to the fact that, at the date of the Inspection, JRF was still slated for a move to a new location. This move has since been abandoned.

For English Learners, CELT testing is done. The County Office of Education has purchased the Rosetta Stone program for English Learners. This is a well-respected computer-based English Learning program.

A transition education plan is written for all students. A Parent/Family Liaison begins contacting SDUSD and Grossmont School Districts two weeks prior to discharge to decide on appropriate school placement. This placement is often in a Summit School, Reflections Program, or other non-public school setting.

Bilingual staff is available to Spanish-speaking minors.

GED programs are available to students. No students currently have access to online college classes.

Recreation and Exercise: Three hours of recreation is available on weekdays and five hours is available on weekends. Wards are expected, but not forced, into participation. There is sports equipment.

Religious Program: A non-denominational program is available once a week. Most of the minors denote "Catholic" as their denomination. Effort should go into offering weekly Mass and access to the Sacraments.

Work Program: Wards are allowed to work in the kitchen and in gardening activities. They are not forced into these activities, but many of the boys enjoy working in the kitchen.

Visiting: Family visitation is still a problem due to the remote location of JRF.

Correspondence: Mail and correspondence policies are covered in orientation. Mail is read by staff "for cause" only.

Access to Legal Services: Public Defenders do not travel to JRF to meet with their clients. Public Defenders meet with their clients via telephone. Private attorneys have access to wards in a confidential setting.

Discipline

Corporal punishment is never used, nor is psychological degradation. Basic rights are never withheld as a form of punishment. Rules and disciplinary procedures are covered in orientation and posted on the units. Rule violations are covered in a uniform fashion.

Health Services: General Discussion

Most common medical complaints are colds, sore throats and sports injuries. To access a nurse, a sick call slip is filled out by the minor and picked up by the RN. If needed, minors are seen within 24 hours. These requests for medical services are covered in orientation. Private M.D. appointments are coordinated with parent or guardian, and transportation is provided by Probation. One day a week, an

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M.D. from Children's Primary Group is on site at JRF. If a medical emergency arises, staff is instructed to call 911 for transport to Grossmont Hospital or Children's Hospital. Juveniles requiring mental health services may be seen by the staff psychologist. Psychiatry services are offered through Telepsych, a computer-imaged live relay. A Dentist is available every Friday at East Mesa and Kearny Mesa and minors are transported there as needed. Intake health screenings are conducted at the Kearny Mesa or East Mesa facilities. Complaints about medical care are handled through the usual grievance procedure. If a ward seems to be malingering, both RN and M.D. may make the decision if there is a legitimate health concern. Medications are dispensed by RN staff, with the exception of asthma inhalers which are kept on the living units. Minors who are depressed or suicidal are transferred to a mental health unit.

Food Service

A posted menu coincided with the day's lunch menu. The Director of Food Service was on site and relayed that the budget cuts had not affected meals. All meals are prepared at a central kitchen at the Sheriff's Department and are transported and reheated for each meal. Staff is working with new spices and a lower sodium set of recipes. The wards prefer cold cereal, but since hot cereal is more nutritious and costs only 3¢ per serving, hot cereal is served five days a week. Soups and casseroles seem to be popular with the boys. Wards are not allowed to share food, to protect weaker minors. Wards are allowed 20 minutes to eat and may talk after they have started eating. If a ward misses a regularly scheduled meal, staff may call the kitchen to have a meal delivered. The kitchen and dining area appeared clean and orderly.

Clothing and Personal Hygiene

Wards are allowed to shower daily. There is minimal privacy in the showers. Hygiene items are provided. Clothing is clean and in good repair. Daily undergarment changes are available.

Bedding and Linens

There is an adequate supply of sheets and blankets. Wards may request additional blankets if they are cold.

Transition Plan:

Additional communication with family, home school, and receiving educational placement needs to happen to assure a more successful re-entry into the community. Proposition 63 monies are available to provide psychologists time to meet with the minors once they are back in the community. Additional resources need to be added to support this initial attempt at continuity of care.